## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

John A. Griego et al.

Serial No.:

Unknown

Examiner: Unknown

Filed:

November 20, 2003

Group Art Unit: Unknown

For:

SELF-ORIENTING POLYPECTOMY SNARE DEVICE

Docket:

1001.1719101

TRANSMITTAL SHEET

Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certified that this paper or papers, as described herein are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV 315612206 US, in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 20th day of November 2003.

By Kathlen L. Boekley Kathleen L. Boekley

We are transmitting herewith the attached Patent Application including the following:

[XX]	EIGHTEEN (18) Sheet(s) of Specification				
[XX]	THIRTY-SEVEN (37) Claim(s)				
[XX]	ONE (1) sheet of Abstract				
[XX]	FOUR (4) Sheet(s) of Formal Drawings				
[XX] .	Executed Declaration and Power of Attorney				
[]	Small entity status under 37 C.F.R. §§ 1.9 and/or 1.27 is claimed				
[XX]	An Assignment of the invention to <u>SciMed Life Systems</u> , <u>Inc.</u> , is being filed contemporaneous with this patent application				
[]	A certified copy of a application, Serial No, filed the right of priority of which is claimed under 35 U.S.C. 8 119				

		CLAIMS A	S FILED			
	(1)	(2)	Small Entity		Other	
For:	# Filed	# Extra	Rate	Fee	Rate	Fee
Basic Fee	1	0		\$385		\$770
Total Claims	37 - 20 =	17	X 9 =	\$	X 18 =	\$ 306.
Independent Claims	5 - 3 =	2	X 43 =	\$	X 86 =	\$172
( ) Multiple Depende	+ 145 =	\$	+ 290 =	\$0		
TOTAL	\$		\$1,248			

<sup>\*</sup>If the difference in Column (1) is less than zero, enter "0" in column 2.

ſ	1	Other	

[XX] A check in the amount of \$1,248.00 is enclosed.

[XX] Return Receipt Postcard (MPEP 503).

[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to

Deposit Account No. 50-0413.

By:

David M. Crompton, Reg. No. 36,772

Customer No. 28075

David M. Crompton CROMPTON, SEAGER & TUFTE, LLC 1221 Nicollet Avenue, Suite 800 Minneapolis, MN 55403-2420

Telephone: (612) 677-9050 Facsimile: (612) 359-9349